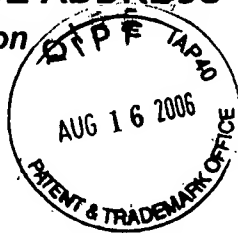


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Change of CORRESPONDENCE ADDRESS <i>Application</i>	Application Number	07/052,111
	Filing Date	April 24, 1987
	First Named Inventor	GATE
	Art Unit	3662
	Examiner Name	C. Jordan
Attorney Docket Number		540-388

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Please change the Correspondence Address for the above-identified patent to:

☒ The address associated with Customer Number: **23117**

OR

☐ Firm or Individual Name

RECEIVED
AUG 21 2006
GROUP 3600

Address

City State Zip

Country

Telephone Email

This form cannot be used to change the data association with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96/)
- ☒ Attorney or agent of record. Registration Number 27,393
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See C.F.R. § 1.33(a)(1). Registration Number: _____

Signature

Typed or
Printed Name

Stanley C. Spooner

Date

August 16, 2006

Telephone 703-816-4028

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 C.F.R. § 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. § 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.